



**GROUP INSURANCE COMMISSION
FY16 NON-MEDICARE PLAN BENEFIT COMPARISON
FEBRUARY 13, 2015**

Non-Medicare Fully Insured Plans

Gray Column represents current FY15 design. White Column represents FY16 design.

Health Plan	Fallon Direct Care FY15	Fallon Direct Care FY16	Fallon Select Care FY15	Fallon Select Care FY16	Health New England FY15	Health New England FY16	Neighborhood FY15	Neighborhood FY16
Deductible	Individual/Family \$250/\$750	\$300/\$900	\$250/\$750	\$300/\$900	\$250/\$750	\$300/\$900	\$250/\$750	\$300/\$900
PCP Office Visit (deductible does NOT apply)	Tier 1 \$15 per visit No tiering	\$15 per visit No tiering	\$20 per visit No tiering	\$20 per visit No tiering	\$20 per visit No tiering	\$20 per visit No tiering	\$20 per visit No tiering	\$20 per visit No tiering
Specialist Office Visit (deductible does NOT apply)	Tier 1 \$25 per visit No tiering	\$30 per visit No tiering	\$25 per visit No tiering	\$30 per visit No tiering	\$25 per visit No tiering	\$30 per visit No tiering	\$25 per visit No tiering	\$30 per visit No tiering
ER (copay and deductible apply)	Tier 1 \$25 per visit No tiering	\$30 per visit No tiering	\$25 per visit No tiering	\$30 per visit No tiering	\$25 per visit No tiering	\$30 per visit No tiering	\$25 per visit No tiering	\$30 per visit No tiering
Retail Clinic (deductible does NOT apply)	Tier 1 \$15 copay	\$15 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Inpatient Hospital Care (copay and deductible apply)	Tier 1 \$200 per Admission No tiering	\$275 per Admission No tiering	\$250 per Admission No tiering	\$275 per Admission No tiering	\$250 per Admission No tiering	\$275 per Admission No tiering	\$250 per Admission No tiering	\$275 per Admission No tiering
Tier 2	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering
Tier 3	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering

Health Plan	Fallon Direct Care FY15	Fallon Direct Care FY16	Fallon Select Care FY15	Fallon Select Care FY16	Health New England FY15	Health New England FY16	Neighborhood FY15	Neighborhood FY16†
Outpatient Surgery (copay and deductible apply)								
Tier 1	\$110 per occurrence	\$250 per occurrence	\$125 per occurrence	\$250 per occurrence	\$110 per occurrence	\$250 per occurrence	\$110 per occurrence	\$250 per occurrence
Tier 2	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering
Hi Tech Imaging (MRI, PT, CT scans) Maximum of one copay per day (copay and deductible apply)								
	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Pharmacy – Retail (deductible does NOT apply)								
Tier 1	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Tier 2	\$25	\$30	\$25	\$30	\$25	\$30	\$25	\$30
Tier 3	\$50	\$65	\$50	\$65	\$50	\$65	\$50	\$65
Pharmacy – Mail Order (deductible does NOT apply)								
Tier 1	\$20	\$25	\$20	\$25	\$20	\$25	\$20	\$25
Tier 2	\$50	\$75	\$50	\$75	\$50	\$75	\$50	\$75
Tier 3	\$110	\$165	\$110	\$165	\$110	\$165	\$110	\$165
Outpatient Mental Health/Substance Abuse (deductible does NOT apply)								
Tier 1	\$15 per visit	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Tier 2	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering
Preventive Services								
	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
In-Network Out-of-Pocket Maximum								
Overall	\$5,000/\$10,000*	\$5,000/ \$10,000*	\$5,000/ \$10,000*	\$5,000/ \$10,000*	\$5,000/ \$10,000*	\$5,000/ \$10,000*	\$5,000/ \$10,000*	\$5,000/ \$10,000*

† NHP Care will be renamed NHP Prime in FY16

* All medical, prescription drug, and mental health copays and deductibles apply to the out-of-pocket maximum

Non-Medicare – Self Insured Plans

Gray Column represents current FY15 design. White Column represents FY16 design.

Health Plan	Harvard Pilgrim Independence FY15	Harvard Pilgrim Independence (POS) FY16	Harvard Pilgrim Primary Choice FY15	Harvard Pilgrim Primary Choice FY16	Tufts Navigator FY15	Tufts Navigator (POS) FY16	Tufts Spirit FY15	Tufts Spirit FY16
Deductible								
Individual/Family	\$250/\$750	\$300/\$900	\$250/\$750	\$300/\$900	\$250/\$750	\$300/\$900	\$250/\$750	\$300/\$900
PCP Office Visit (deductible does NOT apply)								
Tier 1	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Tier 2	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering
Tier 3	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering
Specialist Office Visit (deductible does NOT apply)								
Tier 1	\$20 per visit	\$30 per visit	\$20 per visit	\$30 per visit	\$25 per visit	\$30 per visit	\$25 per visit	\$30 per visit
Tier 2	\$35 per visit	\$60 per visit	\$35 per visit	\$60 per visit	\$35 per visit	\$60 per visit	\$35 per visit	\$60 per visit
Tier 3	\$45 per visit	\$90 per visit	\$45 per visit	\$90 per visit	\$45 per visit	\$90 per visit	\$45 per visit	\$90 per visit
ER (copay and deductible apply)								
	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Retail Clinic (deductible does NOT apply)								
	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Inpatient Hospital Care (copay and deductible apply)								
Tier 1	\$250 per admission	\$275 per admission	\$250 per admission	\$275 per admission	\$300 per admission	\$275 per admission	\$300 per admission	\$300 per admission
Tier 2	\$500 per admission	\$500 per admission	\$500 per admission	\$500 per admission	\$700 per admission	\$500 per admission	\$700 per admission	\$700 per admission
Tier 3	\$750 per admission	\$1,500 per admission	No tier 3	No tier 3	No tier 3	\$1,500 per admission	No tier 3	No tier 3
Outpatient Surgery (copay and deductible apply)								
Tier 1	\$150 per occurrence	\$250 per occurrence	\$150 per occurrence	\$250 per occurrence	\$150 per occurrence	\$250 per occurrence	\$150 per occurrence	\$250 per occurrence
Tier 2	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering
Tier 3	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering
Hi Tech Imaging (MRI, PT, CT scans) Maximum of one copay per day (copay and deductible apply)								
	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay

Health Plan	Harvard Pilgrim Independence FY15	Harvard Pilgrim Independence (POS) FY16	Harvard Pilgrim Primary Choice FY15	Harvard Pilgrim Primary Choice FY16	Tufts Navigator FY15	Tufts Navigator (POS) FY16	Tufts Spirit FY15	Tufts Spirit FY16
Pharmacy – Retail (deductible does NOT apply)								
Tier 1	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Tier 2	\$25	\$30	\$25	\$30	\$25	\$30	\$25	\$30
Tier 3	\$50	\$65	\$50	\$65	\$50	\$65	\$50	\$65
Pharmacy – Mail Order (deductible does NOT apply)								
Tier 1	\$20	\$25	\$20	\$25	\$20	\$25	\$20	\$25
Tier 2	\$50	\$75	\$50	\$75	\$50	\$75	\$50	\$75
Tier 3	\$110	\$165	\$110	\$165	\$110	\$165	\$110	\$165
Outpatient Mental Health/Substance Abuse (deductible does NOT apply)								
	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Preventive Services								
	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
In-Network Out-of-Pocket Maximum								
Overall	\$5,000/\$10,000*	\$5,000/\$10,000**	\$5,000/\$10,000*	\$5,000/ \$10,000**	\$5,000/\$10,000*	\$5,000/ \$10,000**	\$5,000/ \$10,000*	\$5,000/ \$10,000**

*Out-of-pocket maximum applies to medical and mental health/substance abuse costs, but does not apply to prescription drug costs in FY15.

** All medical, prescription drug, and mental health copays and deductibles apply to the out-of-pocket maximum

Non-Medicare – Self Insured Plans
Gray Column represents current FY15 design. White Column represents FY16 design

Health Plan	Unicare Basic FY15	Unicare Basic FY16	Unicare PLUS FY15	Unicare PLUS FY16	Unicare CC FY15	Unicare CC FY16
Deductible						
Individual/Family	\$250/\$750	\$300/\$900	\$250/\$750	\$300/\$900	\$250/\$750	\$300/\$900
PCP Office Visit (deductible does NOT apply)						
Tier 1	\$20 per visit	\$20 per visit	\$15/\$20 per visit	\$15/\$20 per visit	\$20 per visit	\$20 per visit
Tier 2	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering
Tier 3	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering
Specialist Office Visit (deductible does NOT apply)						
Tier 1	\$25 per visit	\$30 per visit	\$25 per visit	\$30 per visit	\$25 per visit	\$30 per visit
Tier 2	\$35 per visit	\$60 per visit	\$35 per visit	\$60 per visit	\$35 per visit	\$60 per visit
Tier 3	\$45 per visit	\$90 per visit	\$45 per visit	\$90 per visit	\$45 per visit	\$90 per visit
ER (copay and deductible apply)						
	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Retail Clinic (deductible does NOT apply)						
	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Inpatient Hospital Care (copay and deductible apply)						
Tier 1	\$200 per admission	\$275 per admission	\$250 per admission	\$275 per admission	CC: \$250 per admission	CC: \$275 per admission
Tier 2	No tiering	No tiering	\$500 per admission	\$500 per admission	Non-CC: \$750 per admission, 20% coins.	Non-CC: \$750 per admission, 20% coins.
Tier 3	No tiering	No tiering	\$750 per admission	\$1,500 per admission		
Outpatient Surgery (copay and deductible apply)						
Tier 1	\$110 per occurrence	\$250 per occurrence	\$110 per occurrence	\$110 per occurrence	CC: \$110 per occurrence	CC: \$110 per occurrence
Tier 2	No tiering	No tiering	\$110 per occurrence	\$110 per occurrence		
Tier 3	No tiering	No tiering	\$250 per occurrence	\$250 per occurrence	Non-CC: \$250 per admission, 20% coins.	Non-CC: \$250 per admission, 20% coins.
Hi Tech Imaging (MRI, PT, CT scans) Maximum of one copay per day (copay and deductible apply)						
	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay

Health Plan		Unicare Basic FY15	Unicare Basic FY16	Unicare PLUS FY15	Unicare PLUS FY16	Unicare CC FY15	Unicare CC FY16
Pharmacy – Retail (deductible does NOT apply)							
Tier 1	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Tier 2	\$25	\$30	\$25	\$30	\$25	\$30	\$30
Tier 3	\$50	\$65	\$50	\$65	\$50	\$65	\$65
Pharmacy – Mail Order (deductible does NOT apply)							
Tier 1	\$20	\$25	\$20	\$25	\$20	\$25	\$25
Tier 2	\$50	\$75	\$50	\$75	\$50	\$75	\$75
Tier 3	\$110	\$165	\$110	\$165	\$110	\$165	\$165
Outpatient Mental Health/Substance Abuse (deductible does NOT apply)							
	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Preventive Services							
	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
In-Network Out-of-Pocket Maximum							
Medical + Behavioral	\$5,000/\$10,000*	\$4,000/\$8,000	\$5,000/\$10,000*	\$4,000/\$8,000	\$5,000/\$10,000*	\$4,000/\$8,000	\$4,000/\$8,000
Health Prescription Drug	n/a	\$1,500/\$3,000	n/a	\$1,500/\$3,000	n/a	\$1,500/\$3,000	n/a
Overall	n/a	n/a	n/a	n/a	n/a	n/a	n/a